

COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT

Division of Environmental Health 922 Bevins Court, Lakeport, CA 95453-9739 TEL (707) 263-1164 FAX (707) 263-1681

MICROENTERPRISE HOME KITCHEN OPERATION (MHKO) Plan Check Application (Incomplete Applications Will Not Be Processed)

Business Name:					
Business Owner Name:				Phone #:	
Home	Address:				City:
Address: State:		Zip Code:	District #:		
Mailing Address:					City:
Address:	State:		Zip Code:	Email/Phone:	
Property	Address:				City:
Owner (if appl.):	State:		Zip Code:	Email/Phone:	
Menu Attached (REQUIRED)? YES NO			Owner Acknowledgement Attached (REQUIRED, IF		
			RENTING/LEASING): YES NO		
MHKO Permit Application Attached? YES NO					
Water Supply: Private Public If public, name of service provider:					
Sewage Disposal: Private Public If public, name of service provider:					
Applicant Acknowledgements					
If water and sewage are private, I understand that Environmental Health may require additional inspections and/or repair					
permits prior to and/or during permit issuance/term.					
If public water and sewage, I understand that service providers may have additional requirements prior to and/or during permit issuance/term.					
I, the undersigned, certify that the information provided is accurate. I understand that I am applying for a plan check for a					
microenterprise home kitchen operation permit during the pilot program, during which only two permits will be issued within each of the County's five districts. Permit issuance during the pilot program is based on first come first serve basis.					
Print Name Signature		gnature			Date
FOR OFFICE USE ONLY					
Date/Time Received: Invoice #:			#:		SR#
Owner Acknowledgement verified and attached? YES NO					Menu Attached? ☐ YES ☐ NO
Permit Application attached: YES NO					